



**Indiana
Professional
Licensing
Agency**

Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2067
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Pharmacy Renewal Form

Your license expires soon. You may renew online at www.pla.in.gov or complete and mail this form with the renewal fee of \$200 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 12/31/13 you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below, please send a signed and notarized statement fully explaining the response plus any additional documentation by email to pla4@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION			
Enter Qualifying Pharmacist on Record	Enter License Number	Expiration Date 12/31/2013	Renewal Fee \$200.00
Enter NABP/NCPDP Number:		Enter Facility DEA number:	
Phone Number:		Email Address:	

QUESTIONS Since you last renewed:	
1. Has your facility or any of your pharmacists or technicians been convicted of or pled guilty to a violation of a federal or state law that has not been expunged by a court or are criminal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have any of your pharmacist or pharmacy technician licenses been disciplined or are formal charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has your facility's license(s) been disciplined or are formal charges pending in your state of domicile or any other state in which the facility is licensed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has your facility been denied a license or registration in any state?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you had any action, discipline, or revocation on any federal registration you hold or have held?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does your facility engage or plan to engage in sterile compounding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your facility engage or plan to engage in non-sterile compounding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Qualifying Pharmacist	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including license cards and INSPECT requirements, or email the Board at pla4@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, PLA Executive Director



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date